

## NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

**Submission Id:** 6428

### **Title**

*Advancing Primary Care through a Model Unit for Innovative Practice Enhancement*

### **Priority 1 (Research Category)**

Practice management and organization

### **Presenters**

Margaret Paul, PhD, MS, MS, Marc Matthews, MD, FAAFP, Gerry Greaney, MFA, Deanne Wallenstein, MSN, RN, Jason Greenwood, MD, MS, Jonathan Eckdahl, MBA, Tony Spaulding, MS, Jennifer Pecina, MD, David Rushlow, MD, MBOE

### **Abstract**

Context: The Mayo Clinic Department of Family Medicine undertook a rigorous 2-year multistage planning process to establish a Model Unit (MU) to facilitate the implementation of innovative care approaches and related evaluations of their impacts on access to care, quality and clinical outcomes, and provider and staff satisfaction among other measures. Objective: The overarching objective of the MU is to enhance the delivery of high-quality care to a broader patient population. Study Design and Analysis: The planning structures of the MU comprised three multidisciplinary groups: 1) a stakeholder advisory group tasked with providing overarching guidance; 2) a design committee responsible for identifying avenues for innovative structural and procedural enhancements and crafting an implementation strategy; and 3) a research committee charged with pinpointing essential outcomes and monitoring performance indicators. Setting or Dataset: Data includes secondary data gathered through Epic electronic medical records system as well as primary data collected from physicians, APPs, and staff working in the MU. Population Studied: The populations included in our research are providers and staff working in the MU and aggregated data on patients seen at the MU practice. Intervention/Instrument: In its first phase, the MU incorporated three interventions tailored specifically to its context: nurse-led hypertension management, integration of blocks of telehealth consultations into routine clinician schedules, and a pilot of an ambient documentation system to supplant clinician-generated visit notes. Outcome Measures: Our evaluation is focused on intervention-specific measures (e.g., the proportion of telehealth visits was a key outcome for the telehealth consultation intervention) as well as overall measures of practice functioning that are not specific to any one intervention (e.g., measures of provider and staff satisfaction). Results: We observed an increase in telehealth visits from 4% to 9% and

uptake of ambient documentation by 9 of 10 providers during a pilot period. We identified barriers to nurse-led hypertension management and the design team continues to work with practice leadership to facilitate the implementation of this important intervention. Conclusions: The MU approach represents a generalizable and feasible strategy for practice enhancement, focusing on the identification and implementation of incremental, contextually relevant modifications.

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